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Bib Data Sheet

SERIAL NUMBER 10/711,597	FILING OR 371(c) DATE 09/28/2004 RULE	CLASS 005	GROUP ART UNIT 3673	ATTORNEY DOCKET NO. SK1001R
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APPLICANTS

Susan Kirkwood, Wooster, OH;

** CONTINUING DATA ****

This appln claims benefit of 60/575,065 05/27/2004

O. K. R.S.

** FOREIGN APPLICATIONS ****

none R.S.

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **
** 11/08/2004

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY OH	SHEETS DRAWING 8	TOTAL CLAIMS 25	INDEPENDENT CLAIMS 3
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after				

Verified and
Acknowledged

Robert L. Santa R.S.
Allowance
Examiner's Signature Initials

ADDRESS
07733

TITLE

MOBILITY ASSISTANCE DEVICE

FILING FEE RECEIVED 430	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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